

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	091890844	FILING DATE
APPLICANT(S)		

4/15/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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TOTAL ID.	3					
TOTAL DEP.	9					
TOTAL CLAIMS	12					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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